

POLICY MANUAL

State Mental Health, Mental Retardation and Substance Abuse Services Board  
Department of Mental Health, Mental Retardation and Substance Abuse Services

POLICY 1022(SYS)87-10 Long-Term Care of Persons with Mental Disabilities

**Authority** Board Minutes Dated November 18, 1987  
Effective Date December 16, 1987  
Approved by Board Chairman s/James C. Windsor

**References** Section 37.1-65.3, Code of Virginia (1950), as amended  
Section 37.1-1, Code of Virginia (1950), as amended  
Current Mental Health Plan  
State Board Policy No. 1029(SYS)90-2, Definitions of Priority  
Mental Health Populations.

**Superseded** Policy No. 83-1

**Background** In October 1982, the State Mental Health, Mental Retardation and Substance Abuse Services Board established as one of its goals the development of a comprehensive policy for long-term care of persons with mental disabilities. The Board, in 1983, promulgated its Policy No. 83-8, entitled Long-Term Care of the Mentally Ill, which was reviewed and renewed by the Board in October 1985 for a period of two years. In 1987, the Board adopted Policy No. 87-10, entitled Long-Term Care of the Mentally Disabled, which superseded Policy 83-8.

**Purpose** To establish the board's position with regard to care which is to be provided to Virginia's residents with long-term mental disabilities.

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**Policy**

It is the policy of the State Mental Health, Mental Retardation and Substance Abuse Services Board that persons with long-term mental disabilities shall be provided such care and services for their safety, health, growth and development in the least restrictive environment insofar as it is within the reasonable capabilities and limitations of the Department of Mental Health, Mental Retardation and Substance Abuse Services. This care shall be provided in the most cost-effective manner consistent with maintenance of high standards of quality, and care providers are expected to seek reimbursement from clients and third-party resources consistent with state and federal law; however, no client shall be denied services due to inability to pay.

While this policy does not exclude from needed long-term care and services persons who are less severely impaired than those identified in the attached definition, it does recognize that resource constraints and the availability of alternative sources of services for the less severely impaired may require service providers to assert a higher priority in meeting the needs of the more severely impaired whose service needs and deprivation are particularly acute.

Critical Elements of this Policy include:

- Promoting the rehabilitation potential of persons with long-term mental disabilities through a full continuum of services which effectively meet individual needs in settings that are least restrictive of personal freedom;
- Ensuring that there are opportunities for family and consumer involvement in the planning and implementation of services and supports;
- Funding community support systems which maximize local, state, and federal funding sources for health, housing, vocational, and other relevant services;
- Providing, through state-operated psychogeriatric programs, intensive psychiatric treatment and stabilization to older persons who are experiencing symptoms and/or behaviors resulting from a mental disorder with the expectation that discharge to an appropriate community setting will occur;

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- Increasing community integration through expanded housing and employment opportunities in normalized settings;
  - Maintaining JCAHO accreditation and ICF/MR certification of State facilities with adequate staffing and programming to assure optimum growth of the more seriously handicapped patients/residents; and
  - Encouraging participation by CSB representatives in local Long-Term Care Councils, established pursuant to Section 2.1-373.4, Code of Virginia (1950) as amended, and at the State level by the Department of Mental Health, Mental Retardation and Substance Abuse Services.
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Revised 1/23/91

#### DEFINITION OF LONG-TERM MENTAL DISABILITY

The term "long-term mental disability" refers to three diverse populations that currently receive services in State-funded programs: (1) persons with serious mental illnesses, (2) persons with mental retardation, and (3) persons in a coma approved and certified for admission to a state hospital.

**Persons With Serious Mental Illnesses** are individuals, 18 years of age and older, who have a severe and/or persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements or employment. Individuals who are seriously mentally ill and who also have been diagnosed as having a substance abuse disorder or mental retardation are included. The population is defined along three dimensions: (a) diagnosis; (b) level of disability; and (c) duration of the illness.

- (a) **Diagnosis:** There is a major mental disorder diagnosable under the current edition of the Diagnostic and Statistical Manual, which is schizophrenic, major affective, paranoid, organic, or other psychotic disorder, personality, or other disorder that may lead to a chronic disability.
- (b) **Severe Recurrent Disability Resulting from Mental Illness:** The disability results in functional limitations in major life activities. Individuals typically meet at least two of the following criteria, on a continuing or intermittent basis:



- (1) Is unemployed, is employed in a sheltered setting or supportive work situation, has markedly limited or reduced employment skills or has a poor employment history.
  - (2) Requires public financial assistance for out-of-hospital maintenance and may be unable to procure such assistance without help.
  - (3) Has difficulty in establishing or maintaining a personal social support system.
  - (4) Requires help in basic living skills such as hygiene, food preparation, or money management.
  - (5) Exhibits inappropriate behavior which results in intervention by the mental health and/or judicial system.
- (c) **Duration:** Individuals are expected to require services of an extended duration or the treatment history meets at least one of the following criteria:
- (1) Has undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime (e.g., crisis response services, alternative home care, partial hospitalization, or inpatient hospitalization).
  - (2) Has experienced an episode of continuous, supportive residential care, other than hospitalization, for a period long enough to have significantly disrupted the normal living situation.

**Persons with Mental Retardation** are individuals with substantial sub-average intellectual functioning (a) which originated during the developmental period, and (b) is associated with impairment in adaptive behavior.

**Persons in a Coma Approved and Judicially Certified for Admission to a State Hospital** are those who have been:

- (a) approved for admission by the state hospital to which admission is being proposed and
- (b) certified as eligible for admission by a judge who has found (i) that the person is in a coma resulting from disease, trauma to the head or circulatory accident, (ii) that the person requires continued hospitalization, (iii) that the State hospital has approved the proposed admission, and (iv) that there is no alternative consistent with the best interests of the person who is the subject of the proceeding (Section 37.1-65.3, Code of Virginia (1950) as amended).